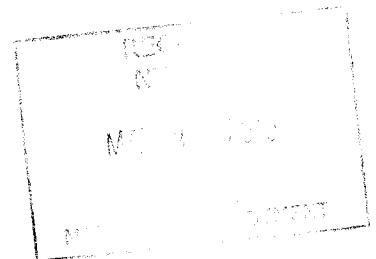


Quarterly Report

This Regulated Medical Waste/Nuclear Storage/Transfer Facility Annual Report is for the year of operation from 1/1, 2019 to 3/31, 2019

SECTION 1 – Owner / Facility Information

| | | | | |
|--|-----------------------------------|--|---|---------------------------|
| FACILITY NAME: Cardinal Health Nuclear Pharmacy Services | | | | |
| FACILITY ADDRESS: 6075 East Molloy Road Building 6 Syracuse | | | STATE: NY | ZIP CODE: 13211 |
| FACILITY TOWN: Dewitt | | FACILITY COUNTY: Onondaga | NYSDEC REGION #: 7 | |
| FACILITY NYS PLANNING UNIT: Onondaga County Resource Recovery Agency | | | | |
| 360 PERMIT #:7-312-00138/00007 | DATE ISSUED: 09/26/2014 | DATE EXPIRES 09/25/2024 | NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:34H01 | |
| | | | | |
| FACILITY CONTACT: Gary Mantz | | TELEPHONE NUMBER: 315/437-9845 | FAX NUMBER: 315/437-0617 | |
| CONTACT EMAIL ADDRESS: gary.mantz@cardinalhealth.com | | | | |
| | | | | |
| OWNER NAME: Cardinal Health Nuclear Pharmacy Services | | TELEPHONE NUMBER: 614/757-5000 | FAX NUMBER: | |
| MAILING ADDRESS: 7000 Cardinal Place Dublin attention Quality and Regulatory Dublin | | | STATE: OH | ZIP CODE: 43017 |



SECTION 2 - Quantity of Regulated Medical (RMW) Waste Received

| | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Week 6 | Week 7 | Week 8 | Week 9 | Week 10 | Week 11 | Week 12 | Week 13 |
|----------------------------------|--------|---------|---------|---------|--------|--------|---------|---------|--------|---------|---------|---------|---------|
| Date Recorded | 1/5/19 | 1/12/19 | 1/19/19 | 1/26/19 | 2/2/19 | 2/9/19 | 2/16/19 | 2/23/19 | 3/2/19 | 3/9/19 | 3/16/19 | 3/23/19 | 3/30/19 |
| Days Since Last Record | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| Very Short-lived Waste (lbs.) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Short-lived Waste (lbs.) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Long-lived Waste (lbs.) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| I-131 Syringes (lbs.) | 62 | 62 | 62 | 62 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 |
| Decayed Waste in Storage* (lbs.) | 105 | 162 | 211 | 231 | 46 | 82 | 117 | 154 | 15 | 70 | 124 | 124 | 189 |
| Non-rad Waste in Storage* (lbs.) | 15 | 15 | 15 | 15 | 0 | 0 | 15 | 15 | 0 | 0 | 0 | 0 | 0 |
| Sm-153 Waste (lbs.) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Weekly Storage Total (lbs.) | 182 | 239 | 288 | 308 | 69 | 105 | 155 | 192 | 38 | 93 | 147 | 147 | 212 |
| Incoming (lbs.) | 135 | 57 | 49 | 20 | 22 | 36 | 50 | 37 | 20 | 55 | 54 | 0 | 65 |
| Outgoing (lbs.) | 125 | 0 | 0 | 0 | 261 | 0 | 0 | 0 | 174 | 0 | 0 | 0 | 0 |

* (on the last day of the week)

Quarterly Max 308

RMW Limit: 1000

Facility's Service Area

Identify the facility's service area by indicating the type of solid waste received, the Solid Waste Management facility (SWMF) from which it was received (or Direct Haul), the corresponding NYS Planning Unit, the County/Province and State/Country and the amount received. **Refer to the list of NYS Planning Units that can be found at the end of this report.** Note: "Direct Haul" means waste hauled directly to your SWMF which did not go through another SWMF. **DO NOT REPORT IN POUNDS.**

Specify transport method and percentages of total waste transported by each:

100 % Road _____ % Rail
 _____ % Water _____ % Other (specify: _____)

| Facility's Service Area | | | | | |
|----------------------------|-------------------|--------------------|------------------|--|------------------|
| Type of Solid Waste | NYS Planning Unit | County or Province | State or Country | Solid Waste Management Facility (Name & Address) | Quantity (Tons) |
| Regulated Medical Waste | Onondaga | Onondaga | (NY) | <i>Stericycle inc</i> 798 Hartwell Ave East Syracuse, NY 13057 East Syracuse, NY 13057 | (0.125) |
| | Chenango | Chenango | NY | Stericycle East Syracuse, NY | (0.016) |
| | OHSWMA | Herkimer | NY | Stericycle East Syracuse, NY | (0.015) |
| | Madison | Madison | NY | Stericycle East Syracuse, NY | (0.015) |
| | Jefferson | Jefferson | NY | Stericycle East Syracuse, NY | (.0345) |
| | OHSWMA | Oneida | NY | Stericycle East Syracuse, NY | (0.095) |
| | | | | | |
| Other (Specify: _____) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Tons Received | | | | | (0.3005) |

SECTION 3 - Unauthorized Solid Waste

Has unauthorized solid waste been received at the Landfill during the reporting period? _____ Yes _____ x No

If yes, give information below for each incident (attach additional sheets if necessary):

| Date Received | Type Received | Date Disposed | Disposal Method & Location |
|---------------|---------------|---------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

SECTION 4 - Problems

Identify any problems encountered during the reporting period (e.g., specific occurrences which have led to changes in facility procedures) and methods for resolution of the problems. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information: _____

SECTION 5 - Changes

Identify any changes from approved reports, plans, specifications, permit conditions and fill progression plan with a justification for each change. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

SECTION 6 - Permit/Consent Order Reporting Requirements

Are there any additional permit/consent order reporting requirements not covered by the previous sections of this form? _____ Yes x _____ No

If yes, identify the reporting requirements with their respective responses below, attaching additional sheets as necessary. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

SECTION 7 - Treatment Fee

Regulated Medical Waste Treatment Fee: _____ \$/pound

Other (Specify: _____) _____ \$/pound

SECTION 8 - Signature and Date By Owner or Operator

Owner or Operator must sign, date and submit one completed form with an original signature to the appropriate Regional Office (See attachment for Regional Office addresses and Solid Waste Contacts.)

The Owner or Operator must also submit one copy by email, fax or mail to:

**New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Permitting and Planning
625 Broadway, 9th Floor
Albany, New York 12233-7253
Fax 518-402-9041
Email address: swpermit@gw.dec.state.ny.us**

I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority to sign this report form pursuant to 6 NYCRR Part 360. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

GJM

Signature

4/29/19

Date

Gary Mantz

Name (Print or Type) Gary

Manager

Title (Print or Type)

6075 East Molloy Rd Bld 6

Address

Syracuse

City

New York 13211

State and Zip

(315) 437-9845

Phone Number

ATTACHMENTS: ___ YES x NO
(Please check appropriate line)